

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/051 070</i>	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2	/						52			
3	/						53			
4	31						54			
5	13						55			
6	(1)						56			
7	(1)						57			
8	(1)						58			
9	(1)						59			
10	(1)						60			
11	(1)						61			
12	(1)						62			
13	(1)						63			
14	(1)						64			
15	(1)						65			
16	(1)						66			
17	1						67			
18	(1)						68			
19	(1)						69			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	17	↔	↔	↔			TOTAL DEP.			
TOTAL CLAIMS	19						TOTAL CLAIMS			